

Belt Examine	Number:	
Date Issued:		

State of West Virginia Office of Miners' Health, Safety and Training

7 Players Club Drive – Suite 2 Charleston, WV 25311-1626 Web: minesafety.wv.gov

OFFICIAL BELT EXAMINER EXPERIENCE DOCUMENT

Section 1					
Name (Print)			T104	M.C.	1.31.
Last Address		First		Mid	lale
Street	or Box	City	State	Zip	
SSN (last four digits):	WV Mi	ners Certificate No		
Total years mining	experience:	years	(Minimum of two (2) ye	ears underground experie	ence required)
Present Occupation	1:				
	-	Minimum of two (2) years บ	ınderground experience re		
Company Name	Mine Name	Company Address	Duties	Years and Months Worked	Sheet Number
				Years	_
				Months	_
Subscribed a	and swom before m	e, a Notary Public in and f on this	orday of		OI .
			uu, 01	~~ <u> </u>	
My commis	sion Expires	Notary P	ublic		
(Notary Seal)					
HEREBY CERTIFY THA	AT THE ABOVE STAT	TEMENTS ARE TRUE AND C	ORRECT,		
Da	nte		Signature of Company Of	fficial	
locument filed or req	juired to be mainta	ined pursuant to this law o	or any order or decision is	on in any application, record ssued under this shall be gu ounty jail not more than 6	ilty of a misdem
Date			Signature of Applicant		
Approval Date			Approved by (WVMHST)		

NOTE: Applicant must have miner certification card, photo ID and current proof of First Aid training